



Animal License Application

12350 W 87 Street Pky Phone 913-477-7500
P.O. Box 14888 Fax 913-477-7730
Lenexa, KS 66285-4888 www.ci.lenexa.ks.us

Owner Name(s): _____

Address: _____ Apt#: _____ Zip: _____

Home Phone Number: () _____ Work Phone Number: () _____

Other Contact Numbers: () _____ () _____

Email address: _____

Name of Animal: _____ Type: (circle one) DOG CAT

Spayed or Neutered: (circle one) YES - \$10 license NO - \$20 license

Sex: (circle one) Male Female

Breed: _____ Age of Animal: _____ Color: _____

Rabies Tag #: _____ Rabies Exp: _____

Veterinary Clinic: _____

- Payment by Check – make check payable to **City of Lenexa**.
- Payment by Credit Card
Please Circle: Visa / MC / AE / Discover Card # _____ Exp Date _____ / _____
V- Code # _____ Signature _____

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**Office Use Only**

Fee Remitted \$ \_\_\_\_\_

City Tag #: \_\_\_\_\_

Cash / cc / check # \_\_\_\_\_